

09654987

003 501047

DA

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed whenever appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a different "FEE ADDRESS" (see below).

CURRENT CORRESPONDENCE ADDRESS (Type legibly or type with no correction of this block)

2774 7900 08/15/2004

MAYER, FORTKORT & WILLIAMS, PC
251 NORTH AVENUE WEST
2ND FLOOR
WESTFIELD, NJ 07090

09/654 98-7 9/5/04

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this (Fee(s) Transmittal) is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO, on the date indicated below.

Marjorie Scariati	08/15/04
Maple Grove	08/15/04
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09654987	09/05/2004	Aida Flanagan	S612-5165	7494

TITLE OF INVENTION: METHOD OF APPLYING A LASER BEAM AROUND THE CIRCUMFERENCE OF A CATHETER

APPLY. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YAO, SANCHUAN CUA	1733	156-272800

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mayer, Fortkort & Williams, PC
Stuart H. Mayer, Esq.

Q Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).

SF "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no unique data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Scimed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Check Fee

 A check in the amount of the fee(s) is enclosed.

Publication Fee

 Payment by credit card. Form PTO-2038 is attached.Advance Order - # of Copies 6 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).

Director for Patent is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid Issue Fee to the application identified above.

DAVID B. BOULAM 34, 297

(Authorized Signatures)



4/15/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and transmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

18/08/2004 KPAIGE 00000002 501047 09654987

01 FC:1501 1330.00 DA

TRANSMIT THIS FORM WITH FEE(S)